

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549237

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1	1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22	1		1			
23		1	1			
24	2		1			
25	2		1			
26			1			
27			1			
28			1			
29			1			
30			1			
31	1		1			
32		1	1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1	1		1	
52		1	1		1	
53		1	1		1	
54		1	1		1	
55		1	1		1	
56		1	1		1	
57		1	1		1	
58		1	1		1	
59		1	1		1	
60		1	1		1	
61		1	1		1	
62	1		1		1	
63		1	1		1	
64		1	1		1	
65		1	1		1	
66		1	1		1	
67		1	1		1	
68		1	1		1	
69		1	1		1	
70		1	1		1	
71		1	1		1	
72		1	1		1	
73		1	1		1	
74		1	1		1	
75	1		1		1	
76		1	1		1	
77		1	1		1	
78		1	1		1	
79		1	1		1	
80		1	1		1	
81		1	1		1	
82		1	1		1	
83		1	1		1	
84		1	1		1	
85		1	1		1	
86		1	1		1	
87		1	1		1	
88		1	1		1	
89		1	1		1	
90		1	1		1	
91		1	1		1	
92		1	1		1	
93		1	1		1	
94		1	1		1	
95		1	1		1	
96		1	1		1	
97		1	1		1	
98		1	1		1	
99		1	1		1	
100		1	1		1	
TOTAL IND.					5	
TOTAL DEP.					95	
TOTAL CLAIMS					80	